



AP/1653  
JW

Please type a plus sign (+) inside this box →

Approval for use through 10/31/2002. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

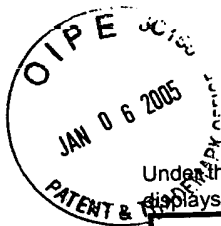
<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/020,095	
	Filing Date	Dec 14, 2001	
	First Named Inventor	Walke	
	Group Art Unit	1653	
	Examiner Name	H. Schnizer	
Total Number of Pages in This Submission	3	Attorney Docket Number	LEX-0282-USA

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  - Return Postcard
Remarks		
Customer # 24231		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Lance K. Ishimoto, Reg. No. 41,866 Lexicon Genetics Incorporated
Signature	<i>Lance K. Ishimoto by David W. Huber</i> DAVID W. HUBER REG. NO. 41,071
Date	January 3, 2005

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: USPTO, PO Box 1450, Alexandria, VA 22313 on this date: January 3, 2005			
Typed or printed name	Nancy Stacey	Date	January 3, 2005
Signature	<i>Nancy Stacey</i>		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



## PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number  
LEX-0282-USAIn re Application of Walke *et al.*

Application Number 10/020,095

Filed 12/14/01

For Novel Human Alpha Macroglobulin Family Proteins and  
Polynucleotides Encoding the Same

Group Art Unit 1653

Examiner H. Schnizer

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing  
a reply in the above identified application.

The requested extension and appropriate small-entity fee are as follows  
(check time period desired):

☒ One month (37 CFR 1.17(a)(1))

\$ 60.00

☒ Applicant claims small entity status.☒ The Commissioner has already been authorized to charge fees in this  
application to a Deposit Account.☒ The Commissioner is hereby authorized to charge any fees which may be required,  
or credit any overpayment, to Deposit Account Number 50-0892.

I have enclosed a duplicate copy of this sheet.

I am the ☐ assignee of record of the entire interest.

☐ applicant.☒ attorney or agent of record.☐ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a). \_\_\_\_\_

**WARNING: Information on this form may become public. Credit card information should not  
be included on this form. Provide credit card information and authorization on PTO-2038.**

January 3, 2005  
Date

Signature

Lance K. Ishimoto Reg. No. 41,866

Typed or printed name

Customer # 24231

☒ Total of two (2) forms are submitted.

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case.  
Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark  
Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for  
Patents, Washington, DC 20231.

01/07/2005 ZJUHR1 00000087 500892 10020095

01 FC:2251

60.00 DA